

To

Regional Provident Fund Commissioner,  
EPFO, Bhavishya Nidhi Bhawan,  
28, Community Centre,  
Wazirpur Industrial Area,  
NEW DELHI-110054

**Sub: Undertaking to deposit the contributions along with interest due till the date payment through the last employer (when the PF Account has no/insufficient balance)**

Sir,

I, \_\_\_\_\_ (Name) \_\_\_\_\_ (address), hereby state that in the event of corpus/balance in my PF Account has no / insufficient balance for payment of due contribution under erstwhile para 11(3) (since deleted) and para 11(4) of EPS'95, I hereby agree to pay the due contribution in a single tranche as specified by EPFO, along with interest at rates declared under Para 60 of EPF Scheme, 1952 or at the rate declared by the EPF Trust, from time to time, whichever is higher, if any.

I hereby undertake to pay the full amount of contribution on salary exceeding wage ceiling under erstwhile para 11(3) (since deleted) and Para 11(4) of EPS'95 along with interest upto the last date of the month in which payment is made, in accordance with the judgement dated 04.11.2022 of the Hon'ble Supreme Court in the matter of Special Leave Petition (C) Nos.8658-8659 of 2019 titled 'The Employees Provident Fund Organisation & Anr. etc. Vs Sunil Kumar B. & Ors., through my last employer, within such period as may be directed by EPFO after verification of my joint option. If the full amount payable is not deposited by me with my last employer, i.e. National Fertilizers Limited, within such period as may be directed by EPFO after verification of my joint option, I shall not hold National Fertilizers Limited or NFL Employees PF Trust liable or responsible in any manner whatsoever for the lapse, rejection or refusal of such joint option under the pension scheme.

My necessary particulars are as under:-

Name ; \_\_\_\_\_  
Designation: \_\_\_\_\_  
Emp.No. \_\_\_\_\_  
Aadhaar No. \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
UAN No. \_\_\_\_\_  
PPO No. \_\_\_\_\_

Signature \_\_\_\_\_  
Name: \_\_\_\_\_

Place : \_\_\_\_\_  
Date: \_\_\_\_\_

**ANNEXURE-I**

To

Regional Provident Fund Commissioner,  
Employees Provident Fund Organization (EPFO)  
S.C.O. No.4-7, Birdge Market  
Sector-17D  
CHANDIGARH-160017

**Sub: Undertaking to deposit the contributions along with interest due till the date payment through the las employer (when the PF Account has no/insufficient balance)**

Sir,

I, \_\_\_\_\_(Name) \_\_\_\_\_(address), hereby state that in the event of corpus/balance in my PF Account has no / insufficient balance for payment of due contribution under erstwhile para 11(3) (since deleted) and para 11(4) of EPS'95, I hereby agree to pay the due contribution in a single tranche as specified by EPFO, along with interest at rates declared under Para 60 of EPF Scheme, 1952 or at the rate declared by the EPF Trust, from time to time, whichever is higher, if any.

I hereby undertake to pay the full amount of contribution on salary exceeding wage ceiling under erstwhile para 11(3) (since deleted) and Para 11(4) of EPS'95 along with interest upto the last date of the month in which payment is made, in accordance with the judgement dated 04.11.2022 of the Hon'ble Supreme Court in the matter of Special Leave Petition (C) Nos.8658-8659 of 2019 titled 'The Employees Provident Fund Organisation & Anr. etc. Vs Sunil Kumar B. & Ors., through my last employer, within such period as may be directed by EPFO after verification of my joint option. If the full amount payable is not deposited by me with my last employer, i.e. National Fertilizers Limited, within such period as may be directed by EPFO after verification of my joint option, I shall not hold National Fertilizers Limited or NFL Employees PF Trust liable or responsible in any manner whatsoever for the lapse, rejection or refusal of such joint option under the pension scheme.

My necessary particulars are as under:-

Name ; \_\_\_\_\_  
Designation: \_\_\_\_\_  
Emp.No. \_\_\_\_\_  
Aadhaar No. \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
UAN No. \_\_\_\_\_  
PPO No. \_\_\_\_\_

Signature \_\_\_\_\_  
Name: \_\_\_\_\_

Place : \_\_\_\_\_  
Date: \_\_\_\_\_